

CLAIMS ONLY						SERIAL NO. 09775507	FILING DATE 02-05-01									
						APPLICANT(S)										
CLAIMS																
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.										
1	1						51		1							
2		1					52		1							
3		1					53		1							
4		1					54		1							
5		1					55		1							
6		1					56	1								
7		1					57		1							
8		1					58		1							
9		1					59		1							
10		1					60		1							
11		1					61		1							
12	1						62		1							
13		1					63		1							
14		1					64		1							
15		1					65		1							
16		1					66		1							
17		1					67									
18		1					68									
19		1					69									
20		1					70									
21		1					71									
22		1					72									
23	1						73									
24		1					74									
25		1					75									
26		1					76									
27		1					77									
28		1					78									
29		1					79									
30		1					80									
31		1					81									
32		1					82									
33		1					83									
34	1	1					84									
35		1					85									
36		1					86									
37		1					87									
38		1					88									
39		1					89									
40		1					90									
41		1					91									
42		1					92									
43		1					93									
44		1					94									
45	1						95									
46		1					96									
47		1					97									
48		1					98									
49		1					99									
50		1					100									
TOTAL IND.							TOTAL IND.	6								
TOTAL DEP.							TOTAL DEP.	60								
TOTAL CLAIMS							TOTAL CLAIMS	66								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
19715507

FILING DATE
03-05-01

CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓					
2		✓				
3		✓				
4		✓				
5		✓				
6		✓				
7		✓				
8		✓				
9		✓				
10		✓				
11		✓				
12		✓				
13		✓				
14		✓				
15		✓				
16		✓				
17		✓				
18		✓				
19		✓				
20		✓				
21		✓				
22		✓				
23		✓				
24		✓				
25		✓				
26		✓				
27		✓				
28		✓				
29		✓				
30		✓				
31		✓				
32		✓				
33		✓				
34		✓				
35		✓				
36		✓				
37		✓				
38		✓				
39		✓				
40		✓				
41		✓				
42		✓				
43		✓				
44		✓				
45		✓				
46		✓				
47		✓				
48		✓				
49		✓				
50		✓				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

CLAIMS						
	* IND.		* DEP.		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		✓				
52		✓				
53		✓				
54		✓				
55		✓				
56		✓				
57		✓				
58		✓				
59		✓				
60		✓				
61		✓				
62		✓				
63		✓				
64		✓				
65		✓				
66		✓				
67		✓				
68		✓				
69		✓				
70		✓				
71		✓				
72		✓				
73		✓				
74		✓				
75		✓				
76		✓				
77		✓				
78		✓				
79		✓				
80		✓				
81		✓				
82		✓				
83		✓				
84		✓				
85		✓				
86		✓				
87		✓				
88		✓				
89		✓				
90		✓				
91		✓				
92		✓				
93		✓				
94		✓				
95		✓				
96		✓				
97		✓				
98		✓				
99		✓				
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09775507

APPLICANT(S)

FILING DATE
03-05-01

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.							
101		✓					✓						
102		✓					✓						
103		✓					✓						
104		✓					✓						
105		✓					✓						
106		✓					✓						
107		✓					✓						
108		✓					✓						
109		✓					✓						
110		✓					✓						
111		✓					✓						
112		✓					✓						
113		✓					✓						
114		✓					✓						
115		✓					✓						
116		✓					✓						
117		✓					✓						
118		✓					✓						
119		✓					✓						
120		✓					✓						
121		✓					✓						
122		✓					✓						
123		✓					✓						
124		✓					✓						
125		✓					✓						
126		✓					✓						
127		✓					✓						
128		✓					✓						
129		✓					✓						
130		✓					✓						
131		✓					✓						
132		✓					✓						
133		✓					✓						
134		✓					✓						
135		✓					✓						
136		✓					✓						
137		✓					✓						
138		✓					✓						
139		✓					✓						
140		✓					✓						
141		✓					✓						
142		✓					✓						
143		✓					✓						
144		✓					✓						
145		✓					✓						
146		✓					✓						
147		✓					✓						
148		✓					✓						
149		✓					✓						
150		✓					✓						
TOTAL IND.							✓						
TOTAL DEP.							✓						
TOTAL CLAIMS							✓						